

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006234

**Entity Name:** THE HYMAN A. AND IDA KIRSNER FAMILY FOUNDATION, INC.

**FILED**  
**Feb 08, 2018**  
**Secretary of State**  
**CC8339530006**

**Current Principal Place of Business:**

5100 TOWN CENTER CIRCLE  
SUITE 400  
BOCA RATON, FL 33486

**Current Mailing Address:**

5100 TOWN CENTER CIRCLE  
SUITE 400  
BOCA RATON, FL 33486 US

**FEI Number: 65-0711872**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KIRSNER, MARVIN A  
5100 TOWN CENTER CIRCLE  
SUITE 400  
BOCA RATON, FL 33486 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name KIRSNER, RONALD  
Address 34 STAR ISLAND  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name KIRSNER, HARRY M  
Address 34 STAR ISLAND  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name GOLDBERG, DIANE A  
Address 34 STAR ISLAND  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name KIRSNER, MARVIN A  
Address 34 STAR ISLAND  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name KIRSNER, STEVEN A  
Address 34 STAR ISLAND  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARVIN A. KIRSNER**

**DIRECTOR**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date